

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047780

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 343

Primary Registration District No. 4364

Registrar's No. 79

FILED JAN 3 1963

VS 300  
Rev. 4/59

10730  
20600

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stella</b>		Length of stay in lb <b>57 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardwell Memorial Hosp</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lola</b> Middle <b>May</b> Last <b>Blankenship</b>		4. DATE OF DEATH Month <b>December</b> Day <b>26</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/17/1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11a. FATHER'S NAME <b>Charles T. Dopp</b>		11b. MOTHER'S MAIDEN NAME <b>Sarah E. Cooper</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. INFORMANT <b>Mrs. Wm. W. Kitts</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Decompensation</b> DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>gangrene rt foot &amp; leg</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas Roscoe Blankenship</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:30</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <b>12/26/62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Stella, Mo.</b>	
21. I attended the deceased from <b>12/31/62</b> to <b>12/26/62</b> and last saw her alive on <b>12/26/62</b> Death occurred at <b>2:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>S. D. Luntz</b>	
22b. ADDRESS <b>Novel Mo.</b>		22c. DATE SIGNED <b>12-28-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-28-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cem.</b>	
24. FUNERAL DIRECTOR <b>W. Morris Rogers</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-62</b>	
26. REGISTRAR'S SIGNATURE <b>Muelred Moberly</b>			

Name: Charles E. Dohy Sex: Male Race: White Age: 27 Date of Birth: 12/17/1898  
 Occupation: Housewife Address: 272-01-7130 Mrs. W. E. Kirtz  
 City: Johns, Mo. State: Mo. Date of Death: December 20, 1962  
 Cause of Death: Thomas Joseph Flannery

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Morris Jones

Licensed Embalmer No. 5442

P. O. Address Wheeler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.